

249758

March 28, 2014
Via Overnight Delivery



2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-0200
Tel: 407-740-8575
Fax: 407-740-0613
www.tminc.com

Clerk's Office
South Carolina Public Service Commission
101 Executive Center Dr.
Columbia, SC 29210


RE: Matrix Telecom, Inc. d/b/a Matrix Business Technologies d/b/a Trinsic
Communications d/b/a Excel Telecommunications d/b/a VarTec Telecom
d/b/a Clear Choice Communications
SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative , filed on behalf of Matrix Telecom, Inc. d/b/a Matrix Business Technologies d/b/a Trinsic Communications d/b/a Excel Telecommunications d/b/a VarTec Telecom d/b/a Clear Choice Communications. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,



Kimberly Geuder
Compliance Reporting Specialist

file: Matrix Telecom, Inc. d/b/a Matrix Business Technologies d/b/a Trinsic
Communications d/b/a Excel Telecommunications d/b/a VarTec Telecom
d/b/a Clear Choice Communications - Reporting - South Carolina

KG/jg

(Caption of Case)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

COVER LETTER

DOCKET
NUMBER: _____ - _____ - _____

(Please type or print)

Submitted by: Matrix Telecom, Inc. d/b/a Matrix Business
Technologies d/b/a Trinsic Communications
d/b/a Excel Telecommunications d/b/a VarTec
 Address: Telecom d/b/a Clear Choice Communications
433 E. Las Colinas Blvd, Suite 500
Irving, TX 75039

SC Bar Number: _____

Telephone: 972-910-1720Fax: 866-418-9750

Other: _____

Email: avalencia@impacttelecom.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition☐ Request for item to be placed on Commission's Agenda expeditiously☒ Other: Authorized Utility Representative

INDUSTRY (Check one)

- ☐ Electric
☐ Electric/Gas
☐ Electric/Telecommunications
☐ Electric/Water
☐ Electric/Water/Telecom.
☐ Electric/Water/Sewer
☐ Gas
☐ Railroad
☐ Sewer
☒ Telecommunications
☐ Transportation
☐ Water
☐ Water/Sewer
☐ Administrative Matter
☐ Other:

NATURE OF ACTION (Check all that Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Affidavit | <input type="checkbox"/> Letter | <input type="checkbox"/> Request |
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Memorandum | <input type="checkbox"/> Request for Certification |
| <input type="checkbox"/> Answer | <input type="checkbox"/> Motion | <input type="checkbox"/> Request for Investigation |
| <input type="checkbox"/> Appellate Review | <input type="checkbox"/> Objection | <input type="checkbox"/> Resale Agreement |
| <input type="checkbox"/> Application | <input type="checkbox"/> Petition | <input type="checkbox"/> Resale Amendment |
| <input type="checkbox"/> Brief | <input type="checkbox"/> Petition for Reconsideration | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Petition for Rulemaking | <input type="checkbox"/> Response |
| <input type="checkbox"/> Comments | <input type="checkbox"/> Petition for Rule to Show Cause | <input type="checkbox"/> Response to Discovery |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Petition to Intervene | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Consent Order | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation |
| <input type="checkbox"/> Discovery | <input type="checkbox"/> Prefiled Testimony | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Exhibit | <input type="checkbox"/> Promotion | <input type="checkbox"/> Tariff |
| <input type="checkbox"/> Expedited Consideration | <input type="checkbox"/> Proposed Order | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest | |
| <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit | |
| <input type="checkbox"/> Late-Filed Exhibit | <input checked="" type="checkbox"/> Report | |

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Matrix Telecom, Inc.

Company Name

Matrix Business Technologies d/b/a Trinsic Communications d/b/a
Excel Telecommunications d/b/a VarTec Telecom d/b/a Clear Choice
Communications

1 LHM/SSIV

972-910-1900

Dbafka

Telephone #

433 E. Las Colinas Blvd, Suite 500

Mailing Address

Irving, TX 75039

City, State, Zip Code

433 E. Las Colinas Blvd, Suite 500

Business Location

Irving, TX 75039

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: C T Corporation System

Mailing Address: 2 Office Park Court, Suite 103

City, State, Zip Code: Columbia, SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Alex Valencia

A. General Manager (Include Address if different than above)

972-910-1720

/ 866-418-9750

/avalencia@impacttelecom.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Regulatory Affairs

B. Customer Relations/Complaints Representative (Include Address if different than above)

972-910-1496

/ 866-418-9750

/ regulatory.affairs@impacttelecom.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Regulatory Affairs

C1. Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above)

972-910-1496

/ 866-418-9750

/ regulatory.affairs@impacttelecom.com

Telephone Number

/ Facsimile Number

/ E-mail Address

888-411-0111

C2. Customer Contact (Toll Free Number)

Karen Lofland

D. Engineering Operations (Include address if different than above.)

972-910-1377

/ 972-910-0952

/ klofland@impacttelecom.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Karen Lofland

E. Test and Repair (Include address if different than above.)

972-910-1377

/ 972-910-0952

/ klofland@impacttelecom.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Karen Lofland

F. Emergencies (During non-office hours)

972-910-1377

/ 972-910-0952

/ klofland@impacttelecom.com

Telephone Number

/ Facsimile Number

/ E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Alex Valencia

G. **Regulatory Officer** (Include Address if different than above)
972-910-1720 / 866-418-9750 / avalencia@impacttelecom.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

H. **Dual Party Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

I. **Interim LEC Fund Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

J. **Universal Service Fund Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

K. **Gross Receipts Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

L. **Lifeline Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

This form was completed by

TECHNOLOGIES MANAGEMENT, INC.
AS ATTORNEY-IN-FACT
BY THOMAS M. FORTE

Signature

Title

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201